



Pleasant Dale Park District
Emergency Contact Information

Child's Name _____ Child's birth date _____

Home phone _____ Cell phone _____

Mother's Name _____ Contact phone _____

Father's Name _____ Contact phone _____

Email Contact _____

Address _____

*****PERSON AVAILABLE TO PICK UP WITH 15 MINUTES OF A CALL IF NOT A PARENT**

Name _____ Contact phone _____

Name _____ Contact phone _____

Please list any health issues, such as allergies, asthma, diabetes, epilepsy, etc.

Medication child is now taking _____

Child's special needs, if any _____

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian, I do herewith authorize the treatment of the above named minor child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to contact me. This release form is completed and signed of my free will with the sole purpose of authorizing treatment under emergency circumstances in my absence.

Parent/Guardian Signature _____ Date _____